

Authorization for Release of Medical Information 772-257-TCCH (8224)

Patient Information - Complete a	Ν	Nedical Chart	Dental Cha	Dental Chart	
Patient Name		Other Names During Treatment?			
Date of Birth/	/Address				
CityState	Zip	Day Phone	Ce	ell Phone	-
Purpose of Request: 🔲 Personal	Use 🗆 Legal 🗖 Trans	fer/Reason		Othe	er
I Hereby Authorize Treasure Coast Community Health (Check One): <u>To Send To:</u> <u>To Receive From:</u>					
Name of Provider, Facility, or Person					
Street Address, Suite #, Apt #					
City, State, Zip Code	Ph	one Number		Fax Number	
Unless otherwise specified, only the following information will be released: Abstract includes most recent, (up to 2 years): Medical History, Medications, Progress Notes, Lab Reports, and Diagnostic Testing. Specific Documents Required: (such as Shot Record, Pap test):					
Signature of Parent or Legal Guardian: Date:					
supplied) Fellsmere 12196 County Rd 512 Fellsmere, FL 32948 Medical Fax: 772-252-3263 Dental Fax: 772-571-0189	Central 1553 US Highway 1 Vero Beach, FL 32960 Fax: 772-675-9986	Sebastian 13505 US Highway Sebastian, FL 3295 Fax: 866-880-820	8 Vero Bead 08 Medical		V787 787 37 th St.,Ste 140 Vero Beach, FL 32960 Fax: 772-237-3255
Vero Dental 1955 21 st Avenue Vero Beach, FL 32960 Fax: 772-571-0189	UP 1400 27th, St,St 226A Vero Beach, FL 32960 FAX:844-464-0623	Gifford 4675 28th Court Vero Beach, FL 329 Fax: 866-893-9105			